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CONFIRMATION NO. 3363

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/709,364 | FILING DATE<br>04/29/2004<br><br>RULE | CLASS<br>439 | GROUP ART UNIT<br>2833 | ATTORNEY<br>DOCKET NO.<br>4023 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 10/707,912 01/23/2004 *OK PHL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None PHL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/24/2004

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>PHL</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>29 | INDEPENDENT<br>CLAIMS<br>3 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

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TITLE  
 Push-on Connector Interface

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>932 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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